

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 050119
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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TOTAL IND.		3		
TOTAL DEP.		30		
TOTAL CLAIMS		33		

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.		3				
TOTAL DEP.		30				
TOTAL CLAIMS		33				

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY